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September 4, 2019

Mr. Nick Martin
MuckRock News
Dept. MR 79064
411A Highland Avenue
Somerville, MA 02144-2516

Re: Public Records Request Dated August 19, 2019

Dear Mr. Martin

I am writing in response to your letter of August 19, 2019 in which you made a public records request to the New Middletown Village Police Department (the "Village") for the following:

All records, including, but not limited to, photos, memos, reports and supplemental reports, related to the recent arrest of James Reardon Jr.

The Village has the following documents that are responsive to this request, and because the number of documents and pages is so small, we have been authorized to provide you with copies of those documents at no charge to you:

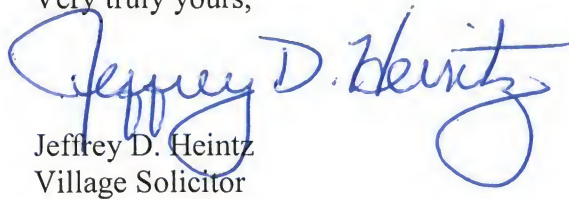
1. Ohio Uniform Incident Report dated August 16, 2019 (the name and the address of the person making the report to the Village Police Officers has been redacted);
2. Photo of suspect dated August 17, 2019.

The Village has no other public records that are responsive to your request. Any documents other than those identified above in the possession of the Village related to the recent arrest of James Reardon, Jr. have either been ordered sealed by the Struthers Municipal Court or are confidential law enforcement investigatory records. Documents which are confidential law enforcement investigatory records as defined by Ohio Revised Code §149.43(A)(2) are not public records pursuant to Ohio Revised Code §149.43(A)(1)(h).

Mr. Nick Martin
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Please feel free to contact me if you would like to discuss this further.

Very truly yours,



Jeffrey D. Heintz
Village Solicitor

JDH/jh

Enclosures

cc: Vincent D'Egidio, Chief of Police



New Middletown Police Department
10711 Main Street, New Middletown, Ohio 44442

#1013

OHIO UNIFORM INCIDENT REPORT

ADMINISTRATIVE	AGENCY NAME: New Middletown Police Department				*INCIDENT NUMBER: 26-0816-19						
	*GEOCODE: 1				*CLEARANCES: F - Arrest - Adult						
	TOD: 08/16/2019 15:35:00		<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE		*CLEARANCE DATE: 08/16/2019		CLEARED BY: 2678 - Craig, Ronald				
	TOA: 08/16/2019 15:35:00										
	TOC: 08/16/2019 16:22:00										
	*REPORT DATE/TIME MONTH DAY YEAR TIME 08 16 2019 15:35:00				*INCIDENT OCCURRED FROM MONTH DAY YEAR TIME 07 11 2019 08:00:00				*INCIDENT OCCURRED TO MONTH DAY YEAR TIME 08 16 2019 15:35:00		
*INCIDENT LOCATION (Street, Apt., City, State, Zip):				217 EASTWOOD DR., NEW MIDDLETOWN, OH, 44442							

OFFENSE	*OFFENSE	*OFFENSE DESCRIPTION	*A/C	FM & DEGREE	*HATE/BIAS	*LARCENY		
	2903.21	Aggravated Menacing	C	M-1 - Misdemeanor - 1	N - No Bias/Not Applicable			
	*LOCATION OF OFFENSE		*SUSPECTED OF USING					
	Other Location		A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE					
	*TYPE OF WEAPON/FORCE USED		*TYPE OF CRIMINAL ACTIVITY					
	99 - None							
	*METHOD OF ENTRY	*METHOD OF ENTRY - MOTOR VEHICLE THEFT	*METHOD OF ENTRY - BURGLARY/B&E					
	<input type="checkbox"/> FORCE <input checked="" type="checkbox"/> NO FORCE		ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT
	*NO PREMISES ENTERED							
	0							
METHODS OF OPERATION:						CARGO THEFT <input type="checkbox"/> Y <input type="checkbox"/> N		

OFFENSE	*OFFENSE	*OFFENSE DESCRIPTION	*A/C	FM & DEGREE	*HATE/BIAS	*LARCENY		
	2917.21	Telecommunications Harassment	C	M-1 - Misdemeanor - 1	N - No Bias/Not Applicable			
	*LOCATION OF OFFENSE		*SUSPECTED OF USING					
	Other Location		A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE					
	*TYPE OF WEAPON/FORCE USED		*TYPE OF CRIMINAL ACTIVITY					
	99 - None							
	*METHOD OF ENTRY	*METHOD OF ENTRY - MOTOR VEHICLE THEFT	*METHOD OF ENTRY - BURGLARY/B&E					
	<input type="checkbox"/> FORCE <input checked="" type="checkbox"/> NO FORCE		ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT
	*NO PREMISES ENTERED							
	0							
METHODS OF OPERATION:						CARGO THEFT <input type="checkbox"/> Y <input type="checkbox"/> N		



New Middletown Police Department
10711 Main Street, New Middletown, Ohio 44442

OHIO UNIFORM INCIDENT REPORT

NARRATIVE

INVESTIGATOR NOTE:

ON 08-16-2019 AT APPROXIMATELY 1535 HOURS PTL. R. CRAIG WAS DISPATCHED TO THE SUBWAY RESTAURANT ON MAIN STREET IN REFERENCE TO AN UNRELATED CALL. DURING THE CALL CRAIG WAS APPROACHED BY A CONCERNED CITIZEN IN REFERENCE TO SOCIAL MEDIA POSTS THAT WERE SEEN AND CONCERNING. CRAIG VIEWED SAID CONCERNING POSTS AND TOO FOUND THEM TO BE CONCERNING AND THREATENING. DUE TO THE NATURE OF THE SOCIAL MEDIA POSTS CRAIG MADE CONTACT WITH THE JEWISH COMMUNITY CENTER TO ALERT THEM OF A POTENTIAL THREAT AT THEIR YOUNGSTOWN FACILITY. IT WAS AT THIS TIME THAT A VERY DETAILED THE THOROUGH CRIMINAL INVESTIGATION BEGAN TO TAKE PLACE. DURING INVESTIGATION ASSISTANCE WAS REQUESTED FROM THE STRUTHERS MUNICIPAL COURT PROSECUTOR IN REFERENCE TO OBTAINING CRIMINAL ARREST WARRANTS AS WELL AS A SEARCH WARRANT FOR THE INVOLVED PARTIES RESIDENCE. A SEARCH WARRANT WAS CONDUCTED IN WHICH SEVERAL FIREARMS, AMMUNITION, AND RELATING PROPAGANDA WERE SEIZED WITHIN RELATION TO THE INCIDENT. DURING THE EXECUTION OF SAID SEARCH WARRANT THE SUSPECT JAMES REARDON WAS TAKEN INTO CUSTODY WITHOUT INCIDENT AS HE ATTEMPTED TO RETURN HOME WHILE OFFICERS WERE ON SCENE. REARDON WAS FURTHER INTERVIEWED AND PROCESSED BEFORE BEING TRANSFERRED TO THE MAHONING COUNTY JAIL. ALL OFFICERS CLEARED WITHOUT FURTHER INCIDENT PENDING FURTHER INVESTIGATION.

REPORTING OFFICER: Craig, Ronald

BADGE NO.: 2678

DATE: 08/23/2019 15:14


FOLLOW-UP?

☐ Y ☒ N

If yes, follow-up

Assignment:

VICTIM	*NO. 1	*TOTAL VICTIMS: 1	*VICTIM TYPE: S - Society / Public	
	NAME (Last, First, Middle): VILLAGE OF NEW MIDDLETOWN,			
	ADDRESS 10711 MAIN ST., NEW MIDDLETOWN, OH, 44442 (Street, Apt., City, State, Zip):			HOME PHONE: (330) 542-2846
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):			PHONE:
	*AGE: D.O.B:	*SEX:	*RACE:	*ETHNICITY:
	HGT:	WGT:	HAIR:	EYES:
	OCCUPATION:		SSN:	*RESIDENT STATUS:
	VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:		
	*AGG. ASSAULT/ HOMICIDE CIRC.:	*VICTIM/SUSPECT RELATIONSHIP: U - Unknown	*VICTIM/OFFENSE LINK: 2903.21 - Aggravated Menacing 2917.21 - Telecommunications Harassment	
	OFFICER CIRCUMSTANCE:			
OFFICER ASSIGNMENT TYPE:				
OFFICER ORI:				
My signature verifies that the information on this report is accurate and true				DATE:

NAME / DESCRIPTIVES	*NO. 1	ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	CATEGORY: 3 - Suspect/Arrestee	CHARGES FILED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
	NAME (Last, First, Middle): REARDON, JAMES PATRICK				SSN: 270-04-1831	
	ALIAS:		GANG AFFILIATION:			
	ADDRESS 217 EASTWOOD DR, NEW MIDDLETOWN, OH, 44442-9414 (Street, Apt., City, State, Zip):				HOME PHONE:	
	EMPLOYER NAME BELLERIA AND ADDRESS 3187 CENTER RD., (Street, Apt., City, State, Zip): POLAND, OH, 44514				PHONE: (330) 757-9910	
	PLACE OF BIRTH:		DL#/STATE : UN404224/Ohio	OCCUPATION/SCHOOL: ASSOCIATE		
	*AGE/ 20 *D.O.B.: 09/29/1998	*SEX: M - Male	*RACE: W - White	*ETHNICITY: N - Not of Hispanic Origin	*HEIGHT: 6' 2"	*WEIGHT: 200
			*HAIR: BRO - Brown	*EYES: BLU - Blue		
	SUSPECTED OF USING: <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		MARITAL STATUS: S - Single		*RESIDENT STATUS: 1 - Resident	
	SCARS, MARKS, TATOOS:					
	ADDITIONAL DESCRIPTION:					
	POTENTIAL INJURIES? NONE					
	*ARRESTEE ARMED WITH: 99 - None					
						
	NO.	NAME:		ADDRESS (Street, Apt., City, State, Zip)		PHONE

ASSOC. PERSONS	1	[REDACTED]	[REDACTED]	[REDACTED]

ARREST/OFFENSE CODE, DESCRIPTION	FM & DEGREE	*ARREST LARCENY TYPE
2903.21 Aggravated Menacing	M-1 - Misdemeanor - 1	
2917.21 Telecommunications Harassment	M-1 - Misdemeanor - 1	

ARREST INFORMATION	*ARREST DATE	TIME:	ARREST LOCATION		217 EASTWOOD DR., (Street, Apt., City, State, Zip): NEW MIDDLETOWN, OH, 44442
	08/16/2019	23:37			
	*INCIDENT TRACKING NUMBER:		ARREST DISPOSITION:		BAIL:
	26 0816 19		I - Incarcerated in Jail		250000
	MIRANDA WITNESSED BY: CHIEF V. D'EGIDO (BOOKING ROOM CAMERA)				
	TIME READ: 00:26				
FINGERPRINTED	FINGERPRINT CARD NO.:	PHOTOS TAKEN	NO. TAKEN:	PHOTO ID NO.:	FBI/BCI#:
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			/
*MULTIPLE ARRESTEE SEGMENTS INDICATOR:				*ARREST TYPE:	
N - N/A				3 - Warrant	
WARRANT:					
COURT: STRUTHERS MUNICIPAL COURT					DATE 08/19/2019

REPORTEE	NO. 1	NAME (Last, First, Middle):	AGE 19	SSN:
		[REDACTED]	D.O.B.: [REDACTED]	
	ADDRESS			HOME PHONE:
	(Street, Apt., City, State, Zip): [REDACTED]			[REDACTED]
EMPLOYER NAME			PHONE:	
AND ADDRESS				
(Street, Apt, City, State, Zip):				
STATEMENTS OBTAINED: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input checked="" type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHERS				

VEHICLE	CHECK <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input checked="" type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> SUSPECT'S VEHICLE							
	CATEGORIES <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> ABANDONED							
	NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC: HDC8137	LIS: OH - Ohio	LIY: 2019	LIT: PC - Passenger Car	VIN/OAN: 1G3NB52M4W631075	*VALUE:
		<input type="checkbox"/> THEFT FROM VEHICLE					3	
	VYR: 1998	VMA: Oldsmobile	VMO: Cutlass/Ciera	VST: SEDAN, 4 DOOR; TRUCK/PICK-UP 4	TOP COLOR: TAN - Tan	BOTTOM COLOR: TAN - Tan		
	VEHICLE LOCKED: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		KEYS IN VEHICLE: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		HOLD VEHICLE: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		RELEASE CONTENTS: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	VEHICLE ASSOC. 1	VEHICLE ASSOC. 1	VEHICLE <input checked="" type="checkbox"/> Y	TOWED GOBELS	OWNERSHIP VERIFIED BY:			
	W/ SUSPECT NO.:	W/ VICTIM NO.:	TOWED? <input type="checkbox"/> N	BY:	6 - Registration			
	STOLEN MOTOR VEHICLE ONLY		NO. STOLEN:		AREA STOLEN:			
	AUTO INSURER NAME							PHONE:
(Company) ADDRESS (Street, Apt., City, State, Zip):								
MOTOR VEHICLE RECOVERY ONLY	NO.REC.:	DATE REC.:	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N					
WHERE REC.:								
ADDITIONAL DESCRIPTION:								

